



**California State Board of Pharmacy**

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OF DISCLOSURE OF INFORMATION***

In consideration of admission to the Foreign Pharmacy Graduate Equivalency Examination (FPGEE), I hereby authorize the Foreign Pharmacy Graduate Examination Commission (FPGEC) to disclose to the California State Board of Pharmacy, any and all information which FPGEC may have in its files pertaining to me including, by way of description, but not by way of limitation, academic transcripts, certifications of attendance and/or graduation from any and all schools attended, test results, scores and references. I hereby release FPGEC and agree to indemnify and hold them harmless for and from any and all liability arising out of or in any way connected to the disclosure of FPGEC of the information referred to above.

I confirm that I have read the foregoing Release and Authorization of Disclosure of Information and that I know and understand the contents thereof. I have signed this form below freely and voluntarily for the uses and purposes set forth therein.

\_\_\_\_\_  
Print Name

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Signature

\_\_\_\_\_  
Date